

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No. **30405**

FILED SEP 22 1955

No. 300

10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <b>278</b>		PRIMARY REG. DIST. NO. <b>3054</b>		Registrar's No. <b>96</b>	
1. PLACE OF DEATH a. COUNTY <b>Pike</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural--Buffalo</b>		c. LENGTH OF STAY (in this place) <b>17 years</b>		c. CITY OR TOWN <b>Louisiana</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RFD 1, Louisiana, Mo.</b>				e. STREET ADDRESS (If rural, give location) <b>RFD 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GUY</b>		b. (Middle) <b>VICTOR</b>		c. (Last) <b>BURBRIDGE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 11, 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 27, 1889</b>	
9. AGE (In years last birthday) <b>65</b>		10. IF UNDER 1 YEAR: Months <b>8</b> Days <b>9</b> Hours <b></b> Mins. <b></b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pike Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Foundrey</b>		13a. FATHER'S NAME <b>John Burbridge</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Richard</b>	
13c. NAME OF HUSBAND OR WIFE <b>Ruth Burbridge</b>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		15. SOCIAL SECURITY NO. <b>496-18-3016</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Guy Burbridge, RFD 1, Louisiana, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic carcinoma to liver</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized carcinomatosis</b> DUE TO (c) <b>Carcinoma of rectum</b> <b>Carcinoma of sigmoid colon</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 mths</b> <b>6 mths</b> <b>2 yrs</b>	
19a. DATE OF OPERATION <b>12-20-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>carcinoma of the rectum and sigmoid colon</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>12-1</b> , 1954, to <b>9-27</b> , 1955, that I last saw the deceased alive on <b>8-25</b> , 1955, and that death occurred at <b>1:00 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Thos. H. Lewellen M.D.</b>				23b. ADDRESS <b>Louisiana, Mo.</b>		23c. DATE SIGNED <b>9-12-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/13/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Louisiana, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Sept 13, 1955</b>		REGISTRAR'S SIGNATURE <b>Bernice Collier</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sterne Funeral Home, Louisiana, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

VS  
AUG 17 1960

VS  
AUG 11 1960

VS OCT 24 1960

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STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Virginia M. Stern*.....

Licensed Embalmer No. 4643

P. O. Address *Louisiana*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.